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Four Times Square
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Date: February 27, 2002

Applicant(s) : Lav et al.
Serial No. : 09/870,392 Examiner:
Filed : May 30, 2001 Art Unit: 3763
Title : A Medical Apparatus For Use By A Patient For Medical
Self Treatment of Diabetes

AMENDMENT TRANSMITTAL

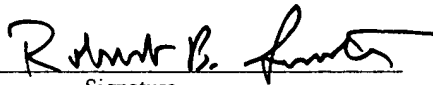
Assistant Commissioner For Patents
Washington, DC 20231

Sir:

I hereby certify that this paper is being deposited with the United States
Postal Service, as first class mail, in an envelope addressed to: Assistant
Commissioner for Patents, Washington, DC 20231, on February 27, 2002.

Robert B. Smith

Reg. No. 28,538



Signature

February 27, 2002
Date

Transmitted herewith is an AMENDMENT in the above-identified
application.

1. () No additional fee is required.

2. () The fee has been calculated as shown below:

| <u>Claims remaining</u> | <u>Prior Paid Claims</u> | <u>Extra</u> | <u>Rate</u> | <u>Fee</u> |
|--------------------------|--------------------------|--------------|-------------|------------|
| Total: 21 | minus (at least 20) = | 1 | @ \$18 | = \$ 18 |
| Independent | minus (at least 3) = | | @ \$80 | = \$ 0 |
| TOTAL ADDITIONAL FEE: \$ | | | | 18 |

3. () An extension of time to respond to the PTO Communication dated _____ is hereby requested. The required fee is indicated below:

| | | |
|---------------------|-----|---------|
| Within first month: | () | \$110 |
| Within second month | () | \$400 |
| Within third month | () | \$920 |
| Within fourth month | () | \$1,440 |

4. () The Amendment includes an Information Disclosure Statement. Enclosed is Form PTO-1449 and copies of _____ reference(s).
5. (X) The Commissioner is hereby authorized to charge the amount of \$ 18.00 representing (a) additional claims fee (\$ 18.00); (b) the extension fee (\$ 0); and (c) the fee for filing an Information Disclosure Statement (\$) to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
6. (X) In the event that an extension of time is required and applicant has inadvertently overlooked the need to request a petition and file the fee, the applicant hereby petitions for such extension of time. The Commissioner is authorized to charge the required fee to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
7. (X) The Commissioner is hereby authorized to charge payment of any additional fees required in connection with this application, and credit any overpayment, to deposit account No. 19-2385. A copy of this sheet is enclosed.

Skadden, Arps, Slate, Meagher & Flom

By Robert B. Smith
 Robert B. Smith
 Registration No. 28,538
 Attorneys for Applicant(s)
 (212) 735-3020



COPY OF PAPERS
ORIGINALLY FILED

Docket No. 5595.210-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

L. Parks
4-16-02
#7/Pre
Am HB

Applicant(s) : Lav et al.
Serial No. : 09/870,392 Examiner:
Filed : May 30, 2001 Art Unit: 3763
Title : A Medical Apparatus For Use By A Patient For Medical
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SUPPLEMENTAL PRELIMINARY AMENDMENT

I hereby certify that this paper is being deposited with the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on February 27, 2002.

Robert B. Smith

Reg. No. 28,538

Robert B. Smith
Signature

February 27, 2002
Date

February 27, 2002

Assistant Commissioner For Patents
Washington, DC 20231

Sir:

Please amend the above application as follows:

IN THE CLAIMS